

Action Plan

Service Name:	Clear Ear Glasgow Ltd
Organisation Number:	02409
Service Provider:	Clear Ear Glasgow Ltd
Address:	1 Lethington Road, Whitecraigs, G46 6TA
Date Inspection Concluded:	12 February 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must develop and maintain an effective system to manage risks associated with patient care delivery. This includes a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 16).</p> <p>Timescale – by 12 May 2025</p> <p>Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	I have started a risk register, and will have it to you for the allocated date.	4 weeks	Clear Ear Glasgow owner/director

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<p>Requirement 2: The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 18).</p> <p>Timescale – immediate</p> <p>Regulation 4(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>This information has been added to the consent form following inspection.</p> <p>I will attach a copy of the updated form.</p>	<p>Completed</p>	<p>Clear Ear Glasgow owner/director</p>
<p>Requirement 3: The provider must ensure the patient care records are signed, dated and timed by the healthcare professional, including the details and name of the healthcare professional (see page 18).</p> <p>Timescale – immediate</p> <p>Regulation 4(2)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>The patient consent form was updated following inspection to include this information.</p> <p>This is the same form as above and has been attached.</p>	<p>Completed</p>	<p>Clear Ear Glasgow owner/director</p>

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<p>Recommendation a: The service should ensure a system is in place to make sure it is meeting the aims and objectives identified in its business plan (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>The aims and objectives of the service plus identified areas for improvement will be put into an action plan with allocated timescale.</p> <p>This will include a change in registration to offer Vitamin B12 injections and skin tag removal.</p> <p>This will be dependent on increasing the revenue generated by the business.</p>	<p>Ongoing from inspection date onwards.</p>	<p>Clear Ear Glasgow owner/director</p>
<p>Recommendation b: The service should develop an overall plan that sets out its key priorities with identified timeframes (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>An overall plan will be developed over the next 6 months and will be ongoing thereafter.</p> <p>It will include the plan for expansion of the service as above</p>	<p>Ongoing from inspection date onwards</p>	<p>Clear Ear Glasgow owner/director</p>
<p>Recommendation c: The service should develop a formalised structured approach to how it gathers and uses patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	<p>Excel spreadsheet is being developed to gather the information from the feedback forms and service users are encouraged to complete these forms after treatment via the form on the website.</p> <p>The information from the feedback forms will be used for service improvement</p>	<p>Ongoing from inspection date onwards</p>	<p>Clear Ear Glasgow owner/director</p>

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<p>Recommendation d: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>Audits have been commenced in relation to various aspects of the service, including patient feedback, number of service users, number of return customers, compliments and complaints.</p>	<p>Ongoing from inspection date</p>	<p>Clear Ear Glasgow owner/director</p>
<p>Recommendation e: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>The information from recommendations a to d above will be used to create a quality improvement plan, and will also include accidents/incidents.</p>	<p>Ongoing</p>	<p>Clear Ear Glasgow owner/director</p>
<p>Recommendation f: The service should ensure patient care records contain consent to share information with other healthcare professionals (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>	<p>This has been added to the patient consent form following inspection.</p>	<p>Completed</p>	<p>Clear Ear Glasgow owner/director</p>

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Name	Iona McKay		
Designation	Registered Nurse – Director/Owner Clear Ear Glasgow		
Signature	<i>Iona McKay</i>		
	Date	16/04/25	

Guidance on completing the action plan.

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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